

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030130

Entity Name: SHEPARD, SMITH, KOHLMYER & HAND, P.A.**Current Principal Place of Business:**2300 MAITLAND CENTER PKWY., STE 100
MAITLAND, FL 32751**Current Mailing Address:**2300 MAITLAND CENTER PKWY., STE 100
MAITLAND, FL 32751 US**FEI Number:** 32-0242557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEPARD, CLIFFORD B
2300 MAITLAND CENTER PKWY., STE 100
MAITLAND, FL 32751 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SHEPARD, CLIFFORD B
Address	2300 MAITLAND CENTER PKWY., STE 100
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	SMITH, D. ANDREW III
Address	2300 MAITLAND CENTER PKWY., STE 100
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	HAND, ANDREW J
Address	2300 MAITLAND CENTER PKWY SUITE 100
City-State-Zip:	MAITLAND FL 32751

Title	D
Name	KOHLMYER, ERNEST H.
Address	2300 MAITLAND CENTER PKWY., STE 100
City-State-Zip:	MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CLIFFORD B SHEPARD

D

02/10/2021

Electronic Signature of Signing Officer/Director Detail_____
Date